

Table of Allowances for Commonly Used Dental Procedures GIC Retiree Dental Program

Coverage with Freedom of Choice and Savings!

- * The annual benefit maximum is \$850 per member, per calendar year.
- * Orthodontic Coverage is not available under the GIC Retiree Dental Program
- * Pre-treatment estimates are recommended for any treatment that costs more than \$150
- * No individual or family deductibles

Type I Services

| Procedure | MetLife Dental Pays | Procedure | MetLife Dental Pays |
|--------------------|---------------------|-------------------------|---------------------|
| Periodic oral exam | \$27 | Bitewing x-ray, 2 films | \$32 |
| Cleaning, adult | \$75 | Bitewing x-ray, 4 films | \$45 |
| Cleaning, child | \$57 | Panoramic x-ray | \$79 |

Type II Services

| Procedure | MetLife Dental Pays | Procedure | MetLife Dental Pays |
|--|---------------------|---|---------------------|
| Treatment to relieve acute dental pain | \$37 | Composite (white filling) for front teeth, 3 surfaces | \$99 |
| Amalgam (silver filling), 1 surface | \$51 | Replace broken denture tooth | \$56 |
| Amalgam (silver filling), 2 surfaces | \$64 | Recement crown | \$37 |

Type III Services

You must be enrolled in this program for six months before you will be covered for the following services:

| Procedure | MetLife Dental Pays | Procedure | MetLife Dental Pays |
|---|---------------------|--|---------------------|
| Simple extraction (single tooth) | \$36 | Periodontal maintenance after surgery | \$39 |
| Surgical extraction (erupted tooth) | \$59 | Osseous (bone) surgery, full quadrant | \$377 |
| Surgical extraction (completely impacted tooth) | \$143 | Gingivectomy, full quadrant | \$161 |
| Intravenous (IV) sedation, first 30 minutes | \$76 | Crown lengthening | \$226 |
| each additional 15 minutes | \$19 | Crown, porcelain/high noble metal | \$385 |
| Root canal therapy, anterior | \$199 | Porcelain bridge (pontic)/high noble metal | \$367 |

* PDP Fee refers to the fees that participating PDP dentists have agreed to accept as payment in full, subject to any deductibles, cost sharing and benefits maximums.

The service categories shown above represent an overview of your Plan of Benefits but is not a complete description of the Plan. An insurance certificate describing will be made available following your plan's effective date, and will govern if any discrepancies exist between this overview and the summary plan.

Retiree Contribution: The following monthly rates are effective July 1, 2007

Eligibility Options

| | |
|---------------|----------|
| Employee Only | \$ 23.93 |
| Family | \$ 57.64 |

Summary of Primary Covered Services

Your dental plan provides benefits for any covered service that is necessary as determined by MetLife in terms of generally accepted dental standards.

Type A - Preventive

How Many/How Often:

- | | |
|-------------------------------|---|
| Prophylaxis (cleanings) | • Two cleanings per calendar year |
| Oral Examinations | • Two oral exams per calendar year |
| Topical Fluoride Applications | • Fluoride treatment for children twice per calendar year. |
| X-rays | • One complete X-rays series or panoramic film: one every five years |
| | • One bitewing X-rays series per calendar year: Single x-rays as required. |
| Sealants | • Sealants for children under age 16, once per permanent molar in a three year period |
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Type B - Basic Restorative

How Many/How Often:

- | | |
|-----------------------------------|---|
| Fillings | • Fillings -amalgam (silver) fillings on all teeth composite (white) fillings on front teeth, on the back teeth, plan pays for what would have been paid for an amalgam filling |
| | • Procedures necessary to relieve acute pain twice per calendar year |
| Denture, Crowns and Bridge Repair | • Repairs to existing partial or complete dentures once every 12 months. • Recementing crowns or bridges. • Rebasing or relining of partial or complete dentures, once every 5 years. |
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Type C - Major Restorative

How Many/How Often:

You must be enrolled in this program for six months before you will be covered for the following services

- | | |
|-----------------------------------|---|
| Simple Extractions | • Extractions and other routine oral surgery, when not covered by a patient's medical plan |
| Crown, Denture, and Bridge Repair | • Bridges, build up, post and cores- replacement limited to once every five years. • Crown lengthening, once per site every 5 years. |
| Bridges and Dentures | • Crowns over natural teeth, build ups, posts and cores-replacement limited to once every 5 years |
| Endodontics | • Partial and complete dentures, replacement limited to once every 5 years |
| General Anesthesia | • Gingivectomies once every 24 months |
| Oral Surgery | • General anesthesia or intravenous (I.V) sedation for complex surgical procedures |
| | • Root canal therapy |
| Periodontics | • Root planing once per quadrant, every 24 months. |
| | • Osseous(bone) surgery once per quadrant every 24 months (bone grafts excluded) |
| | • Periodontal maintenance following active therapy- two per year. |

Common Questions...Important Answers

Q. What is a participating PDP dentist?

- A.** A participating dentist is a general dentist or specialist who has agreed to accept negotiated fees as payment in-full for services. PDP fees typically range from 10-35%[‡] below the average fees charged by dentists in your area for the same or substantially similar services.

Q. How do I find a participating PDP dentist?

- A.** There are more than 95,000 participating PDP dentist locations nationwide, including more than 2,100 General Dentist and 600 specialists in Massachusetts. You can get a list of these participating PDP dentists and their locations online at www.metlife.com/GIC or call the toll free number 1-866-292- 9990 to have a list faxed or mailed to you.

Q. What services are covered by the Preferred Dentist Program (PDP)?

- A.** The services covered by the MetLife PDP are those defined under your group dental benefits insurance certificate.

Q. Does the Preferred Dentist Program (PDP) offer PDP fees on non-covered services?

- A.** Yes. The PDP in-network scheduled fees extend even to non-covered services, such as cosmetic dentistry or orthodontia, providing plan participants with savings on these non-covered services as well. You will pay the full cost for non-covered services. However, you will be able to full advantage of the PDP fees if the non-covered services are provided by a PDP dentist.

Q. May I choose a non-participating dentist?

- A.** Yes. You are always free to select the dentist of your choice. However, if you choose a dentist who does not participate in the MetLife PDP, your out-of-pocket expenses may be more, since you will be responsible to pay for any difference between the dentist's fee and your plan's payment. If you receive services from a participating PDP dentist, you are only responsible for the difference between the PDP in-network fee for the covered service and your plan's payment. With both the PDP dentist and the non-PDP dentist, benefits are based on the lowest cost of method of treatment so long as it meets generally accepted dental standards.

Q. Can my dentist apply for PDP participation?

- A.** Yes. If your current dentist does not participate in the PDP and you'd like to encourage him or her to apply to become a PDP dentist, tell your dentist to visit www.metdental.com, or call 1-877-MET-DDS9 for an application. Website and phone number are designed for use by dental professionals only.

Q. How are claims processed?

- A.** Your dentist may submit your claims for you which helps to reduce your paperwork. You can track your claims online and even receive e-mail alerts when a claim has been processed. If you need a claim form, you can find one online at www.metlife.com/GIC or request one by calling the toll free number 1-866-292-9990

Q. If I terminate can I rejoin the plan?

- A.** If you have family coverage and switch to an individual plan, your spouse and/or your eligible dependents can never rejoin the dental plan. Also, if you sign up for individual coverage and decide to cancel, you can not rejoin the plan.

[‡] Based on internal analysis by MetLife

Did you know?

- It takes 26 muscles to smile, and 62 muscles to frown.¹
- The first modern toothbrush (bristled) was made in China about 1600 A. D. ¹
- Aracchibutyrophobia is the fear of peanut butter sticking to the roof of your mouth. ¹
- According to the Academy of General Dentistry, the average person only brushes for 45 to 70 seconds a day; the recommended amount of time is 2-3 minutes. ²

1 Source: http://www.ada.org/public/events/ncdhn/activity_trivia.pdf, accessed February 2006.

2 www.dentalgentlecare.com/fun_dental_facts.htm, accessed February 2006.

Summary of Services Not Covered by the *Plan*

The *plan* does not cover dental services:

- When those services do not qualify for payment according to *our* written guidelines, which assist *us* in making determinations as to whether services are covered and whether a particular service is the most cost-effective, commonly performed method of prevention, diagnosis or treatment. A service may not qualify for coverage under these guidelines even though it was furnished or recommended by a *dentist*. If *we* deem a service to be not covered, *you* may request in writing that *we* provide *you* with the written evaluation and findings supporting this decision.
- Certain procedures that are considered to be part of a more comprehensive procedure.
- Unless specifically covered in the *Certificate*.
- Received from a dental or medical department maintained by or on behalf of an employer, a mutual benefit association, labor union, trustee or similar person or group.
- For an illness or injury that *we* determine arose out of and in the course of employment.
- For which *you* are not required to pay, or for which *you* would not be required to pay if *you* did not have this *Certificate* or for which no charge would have been made in the absence of this *Certificate*.
- Services or supplies which are deemed experimental in terms of generally accepted dental standards.
- For an illness, injury or dental condition for which benefits in one form or another are available, in whole or in part, through a government program or would have been available if *you* did not have this *Certificate*. A government program includes a local, state or national law or regulation that provides or pays for dental services. It does not include Medicaid or Medicare.
- Rendered by someone other than a licensed *dentist* or a licensed *hygienist* if operating as authorized by applicable law.
- For consultations.
- To treat disorders of the joints of the jaw (temporo-mandibular joints - TMJ).
- To increase the height of teeth (increase vertical dimension) or restore occlusion.
- For restorations for reasons other than decay or fracture, such as erosion, abrasion, or attrition.
- That is meant primarily to change or to improve *your* appearance.
- For occlusal guards.
- For implants, bone grafts and transplants.
- For periodontal splinting to stabilize teeth when required due to periodontal disease.
- For any laboratory or bacteriological tests or reports.
- For temporary, complete dentures or temporary, fixed bridges or crowns.
- Related to congenital anomalies.
- For prescription drugs.
- For general anesthesia or intravenous sedation when rendered by anyone other than a *dentist*.
- For general anesthesia or intravenous sedation for non-surgical extractions, diagnostic, preventive, or minor restorative services.
- Orthodontics.

Cancellation/Termination of Benefits:

Coverage is provided under a group insurance policy [(Policy form GPNP99)] issued by MetLife. Coverage terminates when your membership ceases; when your dental contributions cease; upon termination of the group policy by the Policyholder; for non-payment of premium; or, if participation requirements are not met. The following services that are in progress while coverage is in effect will be paid after the coverage ends, if the applicable installment or the treatment is finished within 31 days after individual termination of coverage: Completion of a prosthetic device, crown or root canal therapy.

Like most group health insurance policies, MetLife group policies contain certain exclusions, limitations, waiting periods and terms for keeping them in force. Your group policy and certificate will provide details of your benefits and will control over this benefit summary. Please contact MetLife for complete details.

Metropolitan Life Insurance Company, New York, NY

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